

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	P71497US
		First Named Inventor	Francis Kuhajda
<input type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted After Initial Filing (surcharge (37 CFR 1.16(f)) required)		COMPLETE IF KNOWN	
		Application Number	10/520,505
		Filing Date	February 6, 2006
		Art Unit	1626
		Examiner Name	Golam Shameem

I hereby declare that: (1) Each inventor's residence, mailing address, and citizenship are as stated below next to their name; and (2) I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention titled:

Novel Compounds, Pharmaceutical Compositions Containing Same, and Methods of Use for Same

(Title of the Invention)

the application of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) February 6, 2006 as United States Application Number or PCT International Application Number 10/520,505 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

Authorization To Permit Access To Application by Participating Offices

☒ If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified patent application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, WIPO, or other intellectual property office in which a foreign application claiming priority to the above-identified patent application is filed to have access to the above-identified patent application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the above-identified patent application with respect to: 1) the above-identified patent application-as-filed; 2) any foreign application to which the above-identified patent application claims priority under 35 U.S.C. 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application; and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.

[Page 1 of 3]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Claim of Foreign Priority Benefits


I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US2003/021700	US	July 9, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application number(s) are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	<input type="checkbox"/> Correspondence address below
<div style="border: 1px solid black; display: inline-block; padding: 2px;">85938</div>		OR
Name		
Address		
City	State	Zip
Country	Telephone	Email
<p align="center">WARNING:</p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. Petitioner/applicant is advised that documents which form the record of a patent application (such as the PTO/SB/01) are placed into the Privacy Act system of records DEPARTMENT OF COMMERCE, COMMERCE-PAT-7, System name: <i>Patent Application Files</i>. Documents not retained in an application file (such as the PTO-2038) are placed into the Privacy Act system of COMMERCE/PAT-TM-10, System name: <i>Deposit Accounts and Electronic Funds Transfer Profiles</i>.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>		
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname
Francis P.		Kuhajda
Inventor's Signature		Date
		Sept 18, 2009
Residence: City	State	Country
Baltimore	MD	US
Citizenship		
US		
Mailing Address		
Johns Hopkins Medical Center, 4940 Eastern Avenue		
City	State	Zip
Baltimore	MD	21224
Country		
US		
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto		

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Supplemental SheetPage 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Susan M.		Medghalchi	
Inventor's Signature Susan M.			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, 5210 Eastern Avenue			
Mailing Address			
Baltimore City	MD State	21224 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jill M.		McFadden	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
Mailing Address			
Baltimore City	MD State	21218 Zip	U.S.A. Country
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Jagan		Thupari	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, Dept. of Pathology, 5210 Eastern Avenue			
Mailing Address			
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Craig A.		Townsend	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US2003/021700	US	July 9, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name							
Address							
City			State			Zip	
Country		Telephone			Email		
WARNING:							
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. Petitioner/applicant is advised that documents which form the record of a patent application (such as the PTO/SB/01) are placed into the Privacy Act system of records DEPARTMENT OF COMMERCE, COMMERCE-PAT-7, System name: <i>Patent Application Files</i>. Documents not retained in an application file (such as the PTO-2038) are placed into the Privacy Act system of COMMERCE/PAT-TM-10, System name: <i>Deposit Accounts and Electronic Funds Transfer Profiles</i>.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Francis P.				Family Name or Surname Kuhajda			
Inventor's Signature					Date		
Residence: City Baltimore		State MD		Country US		Citizenship US	
Mailing Address Johns Hopkins Medical Center, 4940 Eastern Avenue							
City Baltimore		State MD		Zip 21224		Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto							

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Susan M.		Medghalchi	
Inventor's Signature <i>Susan Medghalchi</i>		Date	
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, 5210 Eastern Avenue			
Mailing Address			
Baltimore City	MD State	21224 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jill M.		McFadden	
Inventor's Signature		Date	
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
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Jagan		Thupari	
Inventor's Signature		Date	
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, Dept. of Pathology, 5210 Eastern Avenue			
Mailing Address			
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Craig A.		Townsend	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
Mailing Address			
Baltimore City	MD State	21218 Zip	U.S.A. Country
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Inventor's Signature			Date
Residence: City	State	Country	Citizenship
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First Named Inventor

Francis Kuhajda

COMPLETE IF KNOWN

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February 6, 2006

Art Unit

1626

Examiner Name

Golam Shameem

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US2003/021700	US	July 9, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application number(s) are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/>	The address associated with Customer Number:	<input type="text" value="85938"/>	OR	<input type="checkbox"/>	Correspondence address below
Name						
Address						
City		State		Zip		
Country		Telephone		Email		
<p align="center">WARNING:</p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. Petitioner/applicant is advised that documents which form the record of a patent application (such as the PTO/SB/01) are placed into the Privacy Act system of records DEPARTMENT OF COMMERCE, COMMERCE-PAT-7, System name: <i>Patent Application Files</i>. Documents not retained in an application file (such as the PTO-2038) are placed into the Privacy Act system of COMMERCE/PAT-TM-10, System name: <i>Deposit Accounts and Electronic Funds Transfer Profiles</i>.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>						
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname			
Francis P.			Kuhajda			
Inventor's Signature				Date		
Residence: City	State	Country	Citizenship			
Baltimore	MD	US	US			
Mailing Address						
Johns Hopkins Medical Center, 4940 Eastern Avenue						
City	State	Zip	Country			
Baltimore	MD	21224	US			
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto						

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Susan M.		Medghalchi	
Inventor's Signature Susan M.		Date	
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, 5210 Eastern Avenue			
Mailing Address			
Baltimore City	MD State	21224 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jill M.		McFadden	
Inventor's Signature <i>Jill M. McFadden</i>		Date <i>7/29/09</i>	
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
Mailing Address			
Baltimore City	MD State	21218 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jagan		Thupari	
Inventor's Signature		Date	
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, Dept. of Pathology, 5210 Eastern Avenue			
Mailing Address			
Baltimore City	MD State	21224 Zip	U.S.A. Country

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Craig A.		Townsend	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
Mailing Address			
Baltimore City	MD State	21218 Zip	U.S.A. Country
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted After Initial Filing (surcharge (37 CFR 1.16(f)) required)

Attorney Docket Number

P71497US

First Named Inventor

Francis Kuhajda

COMPLETE IF KNOWN

Application Number

10/520,505

Filing Date

February 6, 2006

Art Unit

1626

Examiner Name

Golam Shameem

I hereby declare that: (1) Each inventor's residence, mailing address, and citizenship are as stated below next to their name; and (2) I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention titled:

Novel Compounds, Pharmaceutical Compositions Containing Same, and Methods of Use for Same

(Title of the Invention)

the application of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) February 6, 2006 as United States Application Number or PCT International Application Number 10/520,505 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

Authorization To Permit Access To Application by Participating Offices

☒ If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified patent application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, WIPO, or other intellectual property office in which a foreign application claiming priority to the above-identified patent application is filed to have access to the above-identified patent application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the above-identified patent application with respect to: 1) the above-identified patent application-as-filed; 2) any foreign application to which the above-identified patent application claims priority under 35 U.S.C. 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application; and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.

(Page 1 of 3)

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				YES	NO
PCT/US2003/021700	US	July 9, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ The address associated with Customer Number: OR ☐ Correspondence address below

Name

Address

City

State

Zip

Country

Telephone

Email

WARNING:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Francis P.

Kuhajda

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Baltimore

MD

US

US

Mailing Address

Johns Hopkins Medical Center, 4940 Eastern Avenue

City

State

Zip

Country

Baltimore

MD

21224

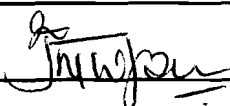
US

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Susan M.		Medghalchi	
Inventor's Signature Susan M.			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, 5210 Eastern Avenue			
Mailing Address			
Baltimore City	MD State	21224 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jill M.		McFadden	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
Mailing Address			
Baltimore City	MD State	21218 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jagan		Thupari	
Inventor's Signature 			Date <u>October 15, 09</u>
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, Dept. of Pathology, 5210 Eastern Avenue			
Mailing Address			
Baltimore City	MD State	21224 Zip	U.S.A. Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Craig A.		Townsend	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
Mailing Address			
Baltimore City	MD State	21218 Zip	U.S.A. Country
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Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted After Initial
Filing (surcharge
(37 CFR 1.16(f))
required)

Attorney Docket
Number

P71497US

First Named Inventor

Francis Kuhajda

COMPLETE IF KNOWN

Application Number

10/520,505

Filing Date

February 6, 2006

Art Unit

1626

Examiner Name

Golam Shameem

I hereby declare that: (1) Each inventor's residence, mailing address, and citizenship are as stated below next to their name; and (2) I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention titled:

Novel Compounds, Pharmaceutical Compositions Containing Same, and Methods of Use for Same

(Title of the Invention)

the application of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) February 6, 2006 as United States Application Number or PCT International

Application Number 10/520,505 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

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[Page 1 of 3]

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PCT/US2003/021700	US	July 9, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name						
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City		State		Zip		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
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City	State	Zip		Country		
Baltimore	MD	21224		US		
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto						

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 2

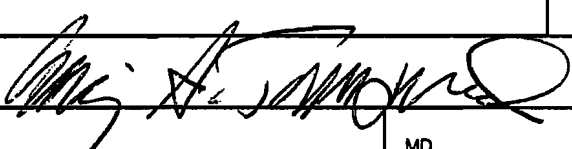
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Susan M.		Medghaichi	
Inventor's Signature Susan M.			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, 5210 Eastern Avenue			
Mailing Address			
Baltimore City	MD State	21224 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jill M.		McFadden	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
Mailing Address			
Baltimore City	MD State	21218 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jagan		Thupari	
Inventor's Signature			Date
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins Bayview Campus, Dept. of Pathology, 5210 Eastern Avenue			
Mailing Address			
Baltimore City	MD State	21224 Zip	U.S.A. Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Craig A.		Townsend	
Inventor's Signature 		Date	
Baltimore Residence: City	MD State	U.S.A. Country	U.S. Citizenship
Johns Hopkins University, Dept. of Chemistry, 3400 N. Charles Street			
Mailing Address			
Baltimore City	MD State	21218 Zip	U.S.A. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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